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	N. BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY.	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified	statement of OCCUPATION is very important. See instructions on back of certificate.	
	-Eve	Ö	eta	
	m.			
	Z			

PLACE OF DEATH.		82045	STATE OF	MADVI AND
County of The	V			E-OF DEATH
County,		(46)	Registration	b = 2
Village or City	10 Desan			
Village or City	20 PM	B	St.: Ward	tion, give its NAME in
2FULL NAME AL	r R. Barco	A.		stead of street and number.)
PERSONAL AND STATE	STICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RA	MARRIED,	16 DATE OF DEATH	Fel:	7 31
male While	WIDOWED. OR DIVORCED MANUE (Write the word)	A	(Month)	(Day) (Year)
6 DATE OF BIRTH	4.	17 I HEREBY	CERTIFY, That I at	
Sept 2	9 , 1853	July 8	1927. to	, 1923
	onth) (Day) (Year)	that I last saw h	36	1927.
7 AGE	If LESS the		rred on the date state.  TH * was as follows:	d above, atm.
// yrs. 7	mos. 7 ds. or min		1 ( )	D
8 OCCUPATION (a) Trade, profession or	(1) liter	Case	com V	2000
particular kind of work		***************************************	000000000000000000000000000000000000000	**************************************
business, or establishment in which employed or (employer)		***************************************	Quration)	yrede.
9 BIRTHPLACE	*****	Contributory		
(State or country)			(Duration)	
FATHER	Below	(Signed)	B. Jen	M. D.
M 11 BIRTHPLACE	- Idures of	- 3/8 192	1 (Address)	en !
Z (State or country)	w York	*State the Divident Causes, state Accidental, Suicidal	iscase Causing Death tate (1) Means of li or Homicidal.	or, in deaths from ajury and (2) Whether
OF MOTHER	ind Clase	18 LENGTH OF RE		itals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	0,1	At place	In the	
(State or Country)	la l	of deathyrs	racted,	tenosds.
14 THE ABOVE IS TRUE TO THE B	EST OF MY KNOWLEDGE	if not at place of dea Former or	M?	***************************************
(Informant) / Madle	y sargent	19 PLACE OF BURIA	I OP PEMOVAL	DATE OF BURIAL
(Address)	full ma	- Washin	ight DC	, 19
15 Filed Jak 8 1920 (	Mieli M Brasheau	20 UNDERTAKER	Sme	ADDRESS 332 Person Co 271
If more bianks	are needed, address State Registr	ar, 16 W. Saratoga St.,	Balto., Requesting V.	S. No. 1.
				Melunin

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The Salesman, Locomotive engineer, (b) material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart range," "Old Age," "Sbock," "Inanition," "Marasmus," "Old Age," "Sbock, approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from cbildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus, When a definite disease "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) use of "Tumor" for malignant neoplasms); American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Chronic etc. The contributory affection need valvular Nomenclature Always qualify all heart Measles; not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the dafa, is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

		CERTIFICATE OF DEATH 02046
	1. PLACE OF DEATH	93-0
1	County J. Jets Journey	Registration Dist. No. 242
1		NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where deeth occurred yrs	G.
	2. FULL NAME William Wholks	Jandone Ma R. J. O.
	(a) Residence: No. 3/1 Slo County Usual Plate of abode)	If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
_	Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5	a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY. That I attended deceased from 1930 to 10 19 3/
6	DATE OF BIRTH (month, dey, end yeer) Line Word 1849	last saw h. Ami alive on Jel 10 ,1931; death is said
7	AGE Yeers Months Days If LESS than 1 dey,	to heve occurred on the date stelled above, at $2.60 P_{\rm m}$ .  The PRINCIPAL CAUSE OF DEATH and related causes of importance
100	8. Trade, profession, or particular	were as follows:
:	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Serile Myo Cardelis nor 1, 1936
Vol	9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	0
	1D. Dete decessed lest worked at 11 Total time (years)	
2	this occupation (month end 1927 spent in this 6040 occupation	Other Cautributery Causes of importance:
1	2. BIRTHPLACE (city or town) Mayland.  (State or country)	acute Cardiac decomposadion Jan 179:
GIN	13. NAME Unknown	
FAT	14. BIRTHPLACE (city or town) UNKNOWN	Neme of operation Date of
0	(State or country)  15. MAIDEN NAME — Mc Cornuck	What test confirmed diagnosis?
MOTHED	16. BIRTHPLACE (city or town) Unbrown	Accident, suicide, or homicide? Dete of injury 19
2	(Stete or country)	Where did injury occur? (Specify city or town, county and State)
1	7. INFORMANT M. W. Dladeysbury	Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
1	8. BURIAL, CREMATION, OR REMOVAL ME & FAIR 12-, 19.35	Menner of injury
1	9. UNDERTAKER J. Saache Jens (Address) Bladen Leng m. L	24. Was disease or injury in eny wey releted to occupetion of deceesed? YO
2	10. FILED TELS 1. 0°, 1971 Grace Lew Registrar.	(Signed) . Stort & Chu M. D.  (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II		Example II	
The principal cause of death and related causes of importance were as follows: 5 1931	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephring to Tr ATT V	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE I	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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properly classified. EXACTLY CORD be stated it may be in terms so that it may be See instructions on back should. PERM -THIS supplied WITH UNFADING INKshould be carefully Every Item of Information should be carefully CIANS should state CAUSE OF DEATH in pla statement of OCCUPATION is very Important. WRITE PL

MARGIN RESERVED

PLACE OF DEATH County V Jus  Fillage or City May 12  2FULL NAME RU
PERSONAL AND STATIST
SEX 4 COLOR OR RACE
DATE OF BIRTH
June (Month
AGE 47 8
OCCUPATION (a) Trade, profession or particular kind of work
(b) General nature of industry business, or establishment in which employed or (employer)
BIRTHPLACE (State or country)
1D NAME OF FATHER

11 BIRTHPLACE

(Informant)

OF FATHER
(State or country)

12 MAIDEN NAME
OF MOTHER

13 BIRTHPLACE
OF MOTHER
(State or Country)

14 THE ABOVE IS TRUE TO THE

(Addres

PARENTS

ICAL PARTICULARS

(Day)

KNOWLEDGE

if more blanks are needed, addre.s Ltate Registrar, 16 W Saratoga St., Balto., Requesting V. S. No. 1.

If LESS that

5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) 02047

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 233

St.: Ward)	(if death occurred in a hospital or institu
	tion, give its NAME in stead of street and
*******************************	number.)

MEDICAL CERTIF	ICATE O	FDEATH	
16 DATE OF DEATH	by	28	193/
(Mo	onth) (	(Day)	(Year)
17 ] HEREBY CERTIFY,	That I gatte	nded the dec	ceased from
They 1 6 192/.	to mo	7 / 8	, 1920
that I last saw has alive on	July	128	, 192/
and that death occurred on the d	ate stated a	above, at	-5 A m
The CAUSE OF DEATH * was as I			
0 10			
Julla-en	2 d	-	
Puld - D.	1		
mynonas, Ct	nge	WI LD	<u> </u>
(Dura	tion)/	yrsm	osds
Contributory			
Secondary			
(Dur	rion)	, yısm	os,ds
(Signed) William	· Aco	hors	
mby 28 193/ (Address)	Cro	om	md
*State the Disease Causir Violent Causes, state (1) Mer Accidental, Suicidal or Homicidal.	g Death, ins of Inju	or, in dest ury and (2)	ths from Whether
18 LENGTH OF RESIDENCE (F	or Hospita	als, Instituti	ons, Trans
ients or Recent Residents)			
of death yrsds.	In the State	yrs	.mosds
Where was disease contracted, if not at place of death?		-4	
Former or usual residence	<u> </u>		
19 PLACE OF BURIAL OR RENO	AL D	DATE OF	BURIAL
St Charle Colin	uchi	March	121931
SO HALDS DEALER		ADDRESS	,

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Spinner, should be used only when needed. As examples: (a)additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer Coat mine, etc. wonner at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Luborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day specifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-6 The ques-Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." "(Exhaustion," "Heart lange," "Old Age," "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RE

WRITE PLATY, WITH UNFADING INK-THIS

MARGIN RESERVED FOR BINE

YSI- xact	PLACE OF DEATH	02048 STATE OF MARY
H H	County Okence George	CERTIFICATE OF
LY,	B. 6/1	Registration Dist. No
EXACT y crass icate.	Village or City Willwyw Neightono.  2FULL NAME Eruma O. Bre	St: Ward) (If do a hosp tion, g stead number
operi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
be st be pr ck of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED.	16 DATE OF DEATH Stelly 173
E chould at it may ins on ba	6 DATE OF BIRTH  MW 5  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the May 1900. to Fifty that I last saw h Malive on Fifthy
upplied. ACE tcrms so that ee instruction	7 AGE  7 AGE  yrs. 3 mos. 12 ds. or min.?	and that death occurred on the date stated above, a The CAUSE OF DEATH * was as follows:
Se carefully sure that in plain important. Se	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Scele Carenchy Secondary  (Duration) + yra.  (Duration) + yra.  (Duration) - yra.
nation should be CAUSE CF DE	10 NAME OF FATHER. James L. Reed  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME Margaset Robbinson  OF MOTHER Margaset Robbinson	(Signed)  *State the lisrase Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.  13 LENGTH OF RESIDENCE (For Hospitals, Insignts or Recent Residents)
Inford Section	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmos,ds, In the Stateyrs
NS should	(Informant) least of MY KNOWLEDGE  (Informant) Least of MY KNOWLEDGE  (Response of the BEST OF MY KNOWLEDGE	Former or usual residence
BEvery CIAN state	(Address) Serroge Fedders 15 Filed February 1981 John D. Smith	F. Hasche Your Sign
ż	If more b.anks are needed, addre. s Ltate Negistras	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

02048	STATE	OF	MARY	YLAND
	CERTIFI	CAT	E OF	DEATH



Registration Dist. No. 2 3/

laford	St.:	Ward)	a hospital	occurred in or institu- ts l'AME ii - street and
MEDICA	L CERTIFI	CATE O	F DEATH	
16 DATE OF DEATH	Felig		y the	193/
***************************************				(Year)
17 May	CERTIFY, TI		nded the de	ceased from
that I last saw h LL		Feb	174	1931,
and that death occurr	ed on the da	to stated	bove, at	Mil m.
The CAUSE OF DEATI	H * was as fo	llows:	11.	25034
Chronic E	udoco	rdite	, ,	
000000000000000000000000000000000000000				***********
Contributory No.	Cute Ca Cute Ca Cute Ca Curati	ren	hymucher	to 6 ds.
Feby 18 31		Kes	wyu	
*State the I is Violent Causes, sta Accidental, Suicidal c	te (1) Mean			iths from ) Whether
18 LENGTH OF RES	IDENCE (For	liospita	ds, Institut	lons, Truns-
At place of deathyrsme		In the State	yrs	mosds.
Where was disease contra	acted.			
Former or usual residence		hhan 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
19 PLACE OF BURIAL	lu mo	2	Feb 2	BURIAL 10/1981
20 UNDERTAKER	1	0	ADDRESS	111
17.24 ass	chie K Th	ous,	Seple	alls MO

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Foremon, For many occupations a Form loborer, Loborer-Coal mine, etc. Womyrs). without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation single word or term on (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopaeumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be st. ted unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephrilis, use of "Tumor" for malignant neoplasms); Meosles; "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Scnile," etc.), "Dropsy," ("E.:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease American Medical Association.) approved by as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Corcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Committee on Chronic valvulor heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BIND

	not en	noting
	PLACE OF DEATH County Prince Deorge	STATE OF MARYLAND CERTIFICATE OF DEATH
ificate	County Man Cla Wongs	107-0 Registration Dist. No. 239
	Village or City danse (No	St.: Ward) (If death occurred in a hospital or institution
	2FULL NAME Charles Edward	Brooks tion, give its NAME in stead of streat and number.)
certifi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	Male Color or RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
d no suo	December 2, 1930 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That J attended the deceased from  1924. to 724, 192  that I last saw handlive on 724, 1927
nstructi	7 AGE    If LESS than   day hrs.   ds.   or min.	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:
See ii	(a) Trade, profession or particular kind of work  (b) General nature of industry	O Financia
mportant,	business, or establishment in which employed or (employer)	(Durstion)yrsmosds
impo	9 BIRTHPLACE (State or country)  Maryland	Contributory Secondary  [ Durstion ) yrs
very	10 NAME OF Brooks	(Signed) M. D. D. (Address) (Address)
S NO	of FATHER (State or country)  (State or country)	*State the Disease Causing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PATI	of MOTHER Priscello Calbert	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
0000	13 BIRTHPLACE OF MOTHER (State or Country)  Marsland.	At place of deathyrsmosds. In the Stateyrsds  Where was disease contracted,
of of	14 THE ABOVE IS TRUE TO THE BEST OF BY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usus! residence.
statement	(Informant) Machine Calbert (Address) Acres Machine Calbert (Address)	M PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
eta	15 Filed Let 17 193 / M. Brashians Registrar	Ridgley Delby dame Md
	If more blanks are needed, addrasa State Registrat	, 16 W. Sarayoga So, Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery: eman, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection withrespect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic derebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL scplicacmia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY ..... (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease, etc. The contributory

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Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD A PERMANENT BIND FOR WITH UNFADING INK-THIS MARGIN RESERVED WRITE PL

V. S. No. 1

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PLACE OF DEATH County Prince Glorge	02050 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City <u>seatPlrout</u> .  2FULL NAME Marie Belia	Registration Dist. No. 242  St.: Ward)  St.: Ward)  Character of institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED. MAYLIED  WIDOWED.  OR DIVORCED  (Write the word)	16 DATE OF DEATH 4 ly 22, 1951  (Month) (Day) (Year)
(Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  (Month) (Day) (Year)  (Month) (Day) (Year)  (Ites) (HESS than I day hre.  or min.?  8 OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry  business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) Count  10 NAME OF FATHER (State or country) Louthwow  11 BIRTHPLACE OF FATHER (State or country) Louthwow  12 MAIDEN NAME OF MOTHER (State or Country) Louthwow  13 BIRTHPLACE OF MOTHER (State or Country) Louthwow  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Public Roomen  (Address) SeatPles aut	
Filed Feb 22 1931 Grace Down Registrar	20 UNDERTAKER ADDRESS SIGHT N.E.
If more branks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the pisses EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL scpticaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Always qualify all

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- 11	PLACE OF DEATH	-02051
		STATE OF MARYLAND
	County Punce Heorge	(122-B) CERTIFICATE OF DEATH
	County, maryland	Registration Dist. No. 245
	Village or City Ant - Kamer (No. 4276 Eas	sterday St.: Ward) a hospital or institu
	2FULL NAME MARY	Fruel (BRUEHL) tion, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.	16 DATE OF DEATH Of the 5-Th 198/
	Hemale While OR DIVORCED Shorac	(Month) (Day) (Year)
	6 DATE OF BIRTH MALLAS. 19 453	HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I last saw her alive on Feb 5 , 131 ,
	7 AGE [If LESS than	and that death occurred on the date stated above, at 3 P. m.
	77 yrs. 10 mos. 18 ds. or min.	The CAUSE OF DEATH * was as follows:
	B OCCUPATION	the Obstrat
V	(a) Trade, profession or Housewife	musumu ovevinency
4	(b) General nature of industry	
	business, or establishment in which employed or (employer)	(Duration)yrs,mosds.
	9 BIRTHPLACE (State or country)  (State or country)	Contributory Secondary (Dutation) VVa. mos de
	IO NAME OF FATHER	(Signed) Jurning M. D.
	11 BIRTHPLACE	Feb. 6 131. (Address) / Grentwood m
	OF FATHER (State or country) Stutgard, Derman	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Makey Havingt Clear	AB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER	At place of death yrs mos ds, State yrs mos ds
	(State or Country)	Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) 4502-14 Style, Wash. DC	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Hits The At There p	las Mashington DC Feb 7-1931
	Filed 1981 Mrs. Jao Servers	4. Sasche Saw Chatwille me
	If more banks are needed, addre. s in to Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Her- for clause of

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility"—("Congenital," "Senile," etc.), "Dropsy;"
"Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Heart failure," Haemorrange, stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death Never report mere symptoms or terminal condior intercurrent) Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature of the

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PLACE OF DEATH	STATE OF MARYLAND
County reuce Selver	CERTIFICATE OF DEATH
	Registration Dist. No. 240.
Village or City Maudywww (No.	St.: Ward) (If death occurred in
	a hospital or institution, give its NAME in
2FULL NAME (Sufaut) TO	furnaments stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH 7
MIDOWED. OR DIVORCED (Write the word)	(Munth) (Day) (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended the deceased from
hels. / 1931	192 to , 192
(Month) (Day) (Year)	
7 AGE     If LESS the	
yrs. mos. ds. or mir	
OCCUPATION	auguega -
(a) Trade, profession or particular kind of work	0
(b) General nature of industry business, or establishment in	2hrs
which employed or (employer)	(Duration) mp. d
BIRTHPLACE (State or country)	Secondary Secondary
ary	Duration yrs mosd
FATHER THE PROPERTY OF THE PRO	signed bull brules M. I
II BIRTHPLACE	- 166 8 192 (Address / Warestowns
C (State or country)	*State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether
12 MAIDEN NAME / A B	Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Ratel Grown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER  Aud	At place of death yis mos. ds. State yrs do
(State or country)	Where was disease contracted.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	usual residence
(Informant) William Derricas	
03 0 0	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Mulk Survivagus	J. J. Med. Feb. 9. 19.51.
03 0 0	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Feb. 9, 19.51.  20 UNDERTAKER  ADDRESS

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health Statement of Occupation - Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. Physician, Compositor, Architect, Locomotive engineer, tweed 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Serual, Cook, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a " etc., without more precise specification as Day hover Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, For many occupations a single word or term on specifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The material (b)Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crabrospical fever' the only definite synonym is "Epidemic cerellros inal meningitis"; Diphtheria avoid use of "Croup"; Typhoid Jewer (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tunior" inges, perilonacum, etc., Carcinomu, " Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease Whooping accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underapproved (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on " "Marasmus, cough; for malignant neoplasms); Measles; Chronic " "Old Age, " "Shock," etc. valvular heart disease; Nomenclature The Sarcoma,, etc., of contributory

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Village or City God	TLY, sifle	
²FULL NAME	ENT CCORD stated EXACTLY properly classifie	
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3 SEX 4 COLOR C	EN ste	-
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6 DATE OF BIRTH	hou thou	
N	THIS IS A PERM plied ACE should ms so that it may instructions on ba	
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particular kind of work	INKTHI ully supplie plain terms nt. See inst	
(b) General nature of indu business, or establishment	TH UNFADING INF should be carefully E OF DEATH in plair is very important.	
which employed or (employ	Car	
(State or country)	NFAL Id be DEAT	
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M 11 BIRTHPLACE	Sho E O is	
OF FATHER Z (State or country) U 12 MAIDEN NAME)	WIT	
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13 BIRTHPLACE	nforms state	4
OF MOTHER (State or country)	3 5 0	
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15 Filed 166, 22 192		-
If more bia	Z	

PLACE OF DEATH County . Leo.  Village or City Bowis, (No. Mol	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 243  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Colored Single, Marrien, Single Wildowed Sugle OR DIVORCED (Writing the word)  (Month) (Day) (Year)	16 DATE OF DEATH TO 2 , 198/  (Month) (Day) (Year) ,  17 HEREBY CERTIFY, That I attended the decessed from 198/, to 198/, that I last saw help alive on Full 2 , 198/,
7 AGE    If LESS than   day hrs.   day hrs.   ds. or min.	and that death occured on the date stated above, at of m.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duretion) yrs. m20. da.
9 BIRTHPLACE (State or country) Wary Council 10 NAME OF FATHER Frank Chittans 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF THE OF T	(Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (A
of Mother March 18 1 Mondas	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

tions, Transients or Recent Residents)

At place of death yrs. .....mos. In the State..... Where was disease contracted, if not at place of death?.....

Former or usual residence.

DATE OF BURIAL

inka are needed, addrose State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registras

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). er," etc., William.
Laborer, LaborerLaborer, Farm laborer, Laborer whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomothe engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Salesman, (b) -Coul mine, etc. Grocery; Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosping fever the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"). Typhoid fever (never report "Typhoid Pneumonia". Typhoid pneumonia. Bronchopneumonia ("Pneumonia").

3

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved telanus) may be stated under the head of "contributory." carbolic acid—probably sucide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant ncoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. American Medical Association.) Whooping cough; .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature of the Chronic valvular heart disease; etc. The Always qualify all contributory Meusles

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MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEAT pluods Jo Registration Dist. No. iten Village or City (If death occurred in a hospital or institution, give its NAME, instead of street and number) PHYSICIANS ds. How long In U.S. if of foreign birth?. Every Length of residence in city or town where death occurred. mos. statement (a) Residence: No If nonresident give city or town and State (Usual place of abode) Y. PH Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rurite the word) 193 CIL (Month) (Year) PERMANEN classified. 5a. If married, widowed, or divorced HUSBANO of 22. CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Months Oavs If LESS than to have occurred on the date stated above. 1 day,...hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or \_\_\_ min. IS were as follows Data ol onset 8. Trade, profession, or particular UNFADING INK-THIS kind of work done, as SPINNER, of SAWYER, BOOKKEEPER, etc. UPAT may back 9. Industry or business in which plnods work was done, as SILK MILL, SAW MILL, BANK, etc .... 10. Oate deceased last worked at 11. Total time (years) on spent in this this occupation (month and that occupation .. instructions 12. BIRTHPLACE (city or town). (State or country) supplied plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) (Stale or country) What test confirmed diagnosis?.. Was there an eutopsy? be carefully HER important. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in MOT Accident, suicide, or homicide?\_\_\_\_\_ Oate of injury .... CAUSE OF DEATH 16. BIRTHPLACE (city or town) (State er country) Where did injury occur? (Specify city or town, county and State) WRITE PLAIN Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE, plnods 17. INFORMANT very 18. BURIAL, CREMATION, OR Manner of injury mation TION Nature of Injury 24. Was disease or injury in any way related to occupation of deceased: 19 UNOFRTAKER (Address) If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimbre, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neputilis 1.4.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH	02055 STATE OF MARYLAND
County Princi Georges	CERTIFICATE OF DEATH
County	(23) Registration Dist. No. 230
Village or City Branchnills (No. ,	St: Ward)  (If death occurred in a hospital or institu- flon, give its NAME in- etend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SENOTE, MARRIED, Marriel Mall Whit OR DIXORCED (Write the word)	(Month) (May) (Year)  17 AI HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Mooth) (Day) (Year)	that Plast saw have, alive on
If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
(a) Trade, profession or particular kind of work. Thuch was kun ay	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
(State or country) Weslington, W.C.	(Duration)yrsmos da
10 NAME OF FATHER UNKNOWN Doyle	(Signed)
II BIRTHPLACE OF FATHER (State or country)	State the Disease Causing Death, or, in coats from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER GAME R. Fling	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos da. State, yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Waller a Bayle	Former or usual residence.
(Addross) Branchill Urg	In that of Burial or REMOVAL BATE OF BURIAL
Filed Filed 11 192 This Smith Rogistrar	L'ond Kaiser Laurel Md

If more blanks are needed, address State Registrar, 16 W. Sarrtoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of en at home, who are engaged in the duties of the additional line is provided for the latter statement; it Enture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthstate occupation at beginning of iliness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (3) Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The questired & yrs.). Housemaid, etc. If the occupation has been changed worked on may form part of the second statement whatever, write None. usiness, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. For many occupations a single word or term on For persons who have no occupation

ELASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Group"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pnaumonia.")

diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; mges, peritonaeum, etc., Caroinoma, Sarcoma, etc., of ......(name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Nomenciature of the American Medical Association.) quences (e. g., sepsie, tetanus) may be stated under the as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerperal septicaemia," "Puerperal peritonitis," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," "Debility" ("Congenitai," "Senile," etc.), Chronic interstitial nephritis, etc. The contributory ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railrow State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Poisoned by carbolic acid—probably suicide. FOR VIOLENT DEATHS STATE MEANS OF INJURY (Recommendations on state-(merely

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(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealzhould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, specially in industrial employments, it is neces-Oscil engineer, Stationary fremen, etc. But in many definite salary). may be entered as Housewife, House. en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (5) Crocery; nature of the business or industry, and therefore an gary to know (a) the kind of work and also .(b) the state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scruant, Cook ployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. tired 6 yrs.). risiness, that fact may be indicated thus: Farmer (re-Housemaid, etc. to report specifically the occ pations of persons enscork, or At laborer, Furm laborer, Laborer-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed -Coal mine, etc. Wom-

ed term for the same disease. Examples: Corobrospinal to time and causation), using always the same necept-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia." spinal meningitis"); Diphtheria (avoid use of "Croup" fever (the only definite synonym is "Epidemie cerebro-Statement of Cause of Death-Name, first, the pis-

> conditions, such as "Asthenia," "Anaemla" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be use of "Tumor" for mallgnant neoplasms); Measles; unges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosts of lungs, mensymptomatie), "Atrophy," "Collapse," stated unless important. ean be ascertained as the cause. Always qualify all Whooping cough; Chronic valvular and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was underdiseases resulting from childbirth or mlscarriage as "Uraemia," "Weakness," etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart fallure," "Haemorvulsions." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory," (Recommendations on stateture of the injury, as fracture of skull, and conse-Poisoned by carbalic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely "Purperal septicuemia," "Puerperal peritonitie," etc. -acoident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), Example: Meastes (disease heart disease; "Coma," "Con-(second-

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied. If this certificate is looked over thoroughly and all quee-

1931

(Approved by U. S. Census and American Public Health Association.)

state oecupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestie service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewije, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealeases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, eupation is very important, so that the relative health household only (not paid Housekeepers who receive a Civil engineer. Physician, Compositor, Statement of Occupation-Precise statement of ocetc., Foreman, (b) Automobile For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation Stationary fireman, etc. Architect, factory. The material Salesman. person, irrespective of Locomotive engineer, But in many (b) (Tracery, Wom-

Statement of Cause of Death—Name, first, the DIS-EAGE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal maningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid use of "Croup"); where the preumonia, Bronchopneumonia ("Pneumonia");

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Inanition," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease approved by Committee on as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of the injury, accident; Revoiver wound of head homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease causing use of "Tumor" for malignant neoplasms); Mcasles, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train (secondary Whooping cough; .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse." "Coma," "Convulsions, death), 29 ds.; Bronchopnoumonia (secondary) interstitial nephritis, or intercurrent) affection need Chronic etc. valvular heart disease. Nomenclature Always qualify all The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. I the data is essential and must be obtained before the certificate is permanently filed.

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BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY, P'CIANS-should state CAUSE OF DEATH In plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate.	1
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PLACE OF, DEATH	02058 STATE OF MARYLAND
County June Yes.	CERTIFICATE OF DEATH
	Registration Dist, No. 242
have Alt	
Village or City/ (No	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Charles pron	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
WIDOWED. OR DIVORCED	7.1.3-, 193/
(Write the word)	(Month) (Day) (Year) (17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	Jan 28 1921 to Feb 3 1923
(Month) (Day) (Year)	that a last saw ham alive on FAL. 2 , 1923/
(Month) (Day) (Year) 7 AGE (If LESS than	
I day	and that death occurred on the date stated above, at
2 yrs. mos. de. or min.?	- fr
CCCUPATION  (a) Trade, profession or	af whiley
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF A	(Duration) yrs. mosds,
FATHER Sandaman Arandlan	(Signed) M. D.
M II BIRTHPLACE	JIT 3 192 (Address) Alle Leas and My
Control of Father (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
TE TE MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Symbol	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos. ds. State yrs mos ds.
(State or Country)	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) lose Surpland	usual residence.
(Address) hairmont Aloluh?	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	20 UNDERTAKER ADDRESS
Filed Febr 5 1981 Trace alow	1-1 11/100000000000000000000000000000000
Llefully Registrar	James Joseph 180- Et Mc
If more branks are needed, address State Registras	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. first line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a (b) Cotton mill; (a) Salesman. specifically the occupations of persons For persons who have no occupation (b) Automobile factory. The material single word or term on 6 Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> stited unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart "Tailure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUIGIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition, Whooping ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJULY interstitial nephritis, cough; " "Marasmus, " "Old Age, " "Shock," Chronic valvular heart disease etc. Nomenclature of the The contributory

permaticantly filed. answered in detail, it will prevent further correspondence. All the data is extential and must be obtained before the certificate is If-this certificate is looked over thoroughly and all qu stions

Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1205)
1. PLACE OF DEATH	3
County Grince Jeorge	Registration Dist. No. 245
Village or City Brentwood	No. 100 exiglilared are St., Ward
(11)	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Not reamed	- Shirth Orl
glable A aus	St. Ward.
(a) Residence: No. / O V Julian (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male colored - rugh	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended daceased from
(or) WIFE of	2/// 193/ to 2/// 193/
6. DATE OF BIRTH (month, dey, and year)	I last saw halive on, 19, death is said
7. AGE Years Months Days If LESS than	to have occurrad on the date stated abova, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular	A A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	All Gor
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Breatwood md	Other Contributory Causes of importanca:
(State or country)	
13. NAME MOSTS Process	
14. BIRTHPLACE (city or town) 100 Kightendelve	Name of operation
(State or country) prentutoro mil	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Miss Marion Hailley	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Bastre	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18, BURIAL, CREMATION, OR REMOVAL MARKET	
Place /bludeno hung Date 44/1/19.81	Manner of Injury
74.1.0	
19. UNDERTAKER TO GLACUIT STATES	24. Was disease or injury In any way related to occupation of deceased?
Nal 11/4 21 Was a district min	(Signed) William M. D.
20. FILED TOTAL 19.31 PROGESTATE.	(Address) Brentwood, Me.
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish earefully between retail merehants and wholesale merehants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset  1915 1921	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car	Date of onset  1 week ago 1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenleritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Bary first seen Toy me lying on floor
between the legs of shother who want,
kneeling on the Aldow, This was about til-
teen minutes after its birth, no some
was made by bally according to state or women
present.

02060

Registration Dist. No. 2 3 5
No. St. Ward
death occurred in a hospital or institution, give its NAME instead of street and number)
ds. How long In U.S.If of foreign birth?yrsmos ds.
amer
St., Ward.  If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
Month) (Day) (Year)
22.     HEREBY CERTIFY, That   etlended deceased from
7el 56 ,1931, 10. Feb 28 ,1934
I hast saw h alive on
to have occurred on the date stated above, at 1.0. T.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Frature skule lange
ly gu unavaidable
aktomobileaccident
(Struck while walking
along rood
Other Coutributory Causes of importance:
Name of operation Oate of
What test confirmed diagnosis?
23. If death was due to external causes (VIDLENCE) fill in also the following:
Accident, suicide, or homicide?
Where did injury occur? (Specify city or town county and State)
(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
On road
Manner of injury withous all occurrent
Nature of injury
24. Was diseasa or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. I
(Address) the till mie

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	APR 8 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	BUREAU V.S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory ca	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastraenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH -02061
1. PLACE OF DEATH	92-0
County Mue James	Registration Dist. No. 246
Village or City Int Ranner	ND. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurred 2 yrs mos	
2. FULL NAME Frances, Oleremo	nd gordon
(a) Residence: Np. 256 4 - 36 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dey)  (Year)
3a. If merried, widowed, or divorced HUSSAND of Control	22. I HEREBY CERTIFY, That I ettended deceased from
74	1927, 10 0 . 9 . 1931
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4:30 cm.
93 2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were estollows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Chamia Valerday (2)
9. Industry or business in which	Part Days
work was done, as SILK MILL, SAW MILL, BANK, etc  1D. Date deceesed last worked at this occupation (month and spent in this spent in this	Or Divine
yeer) os:upation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) SYAVINIA YA (State or country)	Outer oscho dein
13. NAME Francis marion ma	don
13. NAME Trances Marion No.  14. BIRTHPLACE (city or town)  (State or country)	Neme of operation
	Whet test confirmed diegnosis?
15. MAIDEN NAME and Jone me 16. BIRTHPLACE (city or town) reaching (State or complex)	Accident, sulcide, or homicide?
State or cyunky)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address) 3534-36	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL / C Date Puls 1 1 39	Menner of injury
19. UNDERTAKER T. Blaschio Sun	24. Was diseese or injury in eny wey releted to occupetion of deceesed?
(Address) January holly H.S.	(Signed) Calarence a Yearn, D.
20. FILED	(Address) 1614 Q 58 mg
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1) ash DC

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	47	
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

02062 STATE OF MARYLAND CERTIFICATE OF DEATH

----Ward)

St :

Registration Dist. No.

	[H	dea	th e	CC	urre	d
8	hos	pila	l or	ns	tita	ile
			NAM			
of	st	reet	and	80	ımb	er.

1	hell May	et street and number, j
	MEDICAL CERTIFICATE	OF DEATH
	16 DATE OF DEATH Och 21	, 191
	(Month)	(Day) (Year) <sup>7</sup>
	17 I HEREBY CERTIFY, That I at	of 9/ 1913/
	that I last saw he Y alive on	el 9, 1013,
	and that death occurred on the date st	ated above, at 20Am
•	The CAUSE OF DEATH * was as follow	vs:
	Tuber culous mo	niningita
		(Hu
	(Duration)	yrs. mos. 14 ds
	Contributory Secondary	
-	(Domellow)	lone Ma
_	(Signed) JUS/ (Address) Ril	chie, Ind.
2	*State the DISEASE CAUSING DEATH, OF CAUSES, STATE (1) MEANS OF INJURY; and SUICIDAL OF HOMICIDAL.	in deaths from Violent (2) whether Accidental,
_	18 LENGTH OF RESIDENCE (FOR HOSPITALS. OR RECENT RESIDENTS) At place in the	
-	of death	,yrsds
	Former er usual residence	***************************************
	place of Burial or REMOVAL ned.	DATE OF BURIAL
	20 UNDERTAKER	ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foroman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to write None Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Cure should be the duties of the household only (not paid Houseksepers precise specification as Doy laborer, Form laborer, Loborer mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cion, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. 13ut in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthfulyrs.). Statement of Occupation-Precise statement of occupa-Coal mine, etc. Women at home, who are engaged in For persons who have no occupation whatever The material worked on may form part If the occupation has been changed If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonio, Bronchopneumonia of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perisonitis," etc. State cause for which mus," "Old Age," "Shock," "Uruemia," "Weakness," symptoms or terminal conditions, such as "Asthenia," ges, perilonneum, etc., Carcinoma, Sarcoma, etc., of. on Nomenclature of the American Medical Association.) Struck by railwoy train-accident; Revolver cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" chopmeumonia (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Bronnephritis, etc. eough; Chronic valvular heart disease; Chronic interstitial "Turnor" for malignant neoplasms); Measles; Wheoping (name origin; "Cancer" is less definite; avoid use of to determine definitely. rent) affection need not be stated unless important or miscarringe as "Puenperal Always qualify all diseases resulting frum child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-Examples: Aecidentol drowning; "Dropsy," Never report mere "Atrophy," - "Col-"Exhaustion," sephiolaemia, Dunon ("Con-

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVEL

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No . (If death occurred in a hospital or institution, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH That I attended the deceased and that death occurred on the date stated above, The CAUSE OF DEATH \* (Duration) \*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the of death ......yrs......mos......ds. Where was disease contracted, if not at place of dea.h?...

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemund, etc. If the occupation has been changed gaged in domestic service for wages, as Sevent, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return"Laborer,""Foreman," "Manager," "Deal-Foreman, or At Home, and children, especially in industrial employments, it is neces-For many occupations a yrs). Form laborer, Laborer-Cool mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on not gainfully em-6 Grocery;

Statement of Cause of Death—Name, first, the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinus fewer (the only definite synonym is "Epidemic cerebrospinus spinal meningitis"); Diphilheria (avoid use of "Croup"), Typhoid fewer (never report "Typhoid Pneumonia,"); Lobar gneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" tions, such as "Asthonia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Exhaustion, (secondary or intercurrent) affection need not be Chronic interstitial nephritis, "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; ("Congenital," "Senile," etc.), "Dropsy," on," "Heart failure," "Haemorrhage," Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PH CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Estatement of OCCUPATION is very important. See instructions on back of certificate.

	PLACE OF DEATH	STATE OF MARYLAND
	County Sunce George	CERTIFICATE OF DEATH_
		Registration Dist. No. 235
	Village or City Suitland, md (Bort Office Courses	
•	Village or City Villana, M.S. (Moon opicimises	ward) (If death occurred in a hospital or institution, give its NAME in
ca	2 FULL NAME for a June A	and stead of street and number.)
rtit		
Cel	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
O	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH TILL
ack	Fenn white (Write the word Wishowel	(Month) (Day) (Year)
0	6 DATE OF BIRTH 0 / 45	17 I HEREBY CERTIFY, That I attended the deceased from
ō	apr. 1863	Jan 20 1931 to Teb 4 , 1931.
on	(Month) (Day) (Year)	that I last saw her alive on Jan 3/ 19091,
101	7 AGE [If LESS than	and that death occurred on the date stated above, at
Stri	1 dayhrs.	The CAUSE OF DEATH * was as follows:
-	g occupation yrads. ormin.?	govar gremona
266	(a) Trade, profession or particular kind of work	Durstin 10 days
	(b) General nature of industry	Cente Vephretis
tan	business, or establishment in which employed or (employer)	(Duration)mosda,
pod	9 BIRTHPLACE	Contributory Janie regueralities
3	(State or country) Maylam	(Duration)yrsmos5ds,
ery	10 NAME OF James Brehardson	(Signed) Circl & Walfalla M. D.
9	11 BIRTHPLACE	Feb 4 1907 (Address) Upper Warlboro 794
2	OF FATHER (State or country) Cugliani	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
2	U 12 MAIDEN NAME //	Accidental, Suicidal or Homicidal.
3	OF MOTHER UNIVERS	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
3	13 BIRTHPLACE OF MOTHER	At place In the
3	(State or Country) (runce / Ho. Cs. ) W	of deathyrsds. Stateyrsds. Where was disease contracted,
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Informant) Mus. G. Nichardson	usual residence
	B. DR	PLACE OF BURIAL OR REMOVAL
ומו	(Address) Sumufs., Sec.	overmell /100 1 /set 6 , 1931
	15 Kild 2 4 1923/ Lliss & Trifile	20 UN DESCRIPTION OF THE ADDRESS IN
	De Registrai	1. In Jan 131-11/1 8.6 mg
	If more blanks are needed, addre,s tate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement.
Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Physician, Compositor, Architect, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomolive engineer, Grocery;

EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fiver (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"(Exhaustion," "Heart lanue,
"(Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway train. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (mcrely symptom-(secondary or intercurrent) affection Whooping cough; Chronic valvular heart disease; Recommendations on statement of cause of death ..... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, etc. The contributory Nomenclature need not be Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD LY, WITH UNFADING INK---THIS IS A PERMANENT MARGIN RESERVED FOR BIND WRITE PL. T. S. No. 1

83

	PLACE OF DEATH	02055	STATE OF MARYLAND
	County Truce Heart &		CERTIFICATE OF DEATH
	on of 0	(23)	Registration Dist. No. 240
	Village or City VILLULU (No.	***************************************	St: Ward) (If death occurred in a hospital or institu
	2FULL NAME alberta leffe	uson	tion, give its NAME in- stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MED	ICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEAT	Tel (Month) (Day) (Ven)
	B DATE OF BIRTH  March 23 1908  (Month) (Day) (Yeal)	that I last saw h	BY CERTIFY, That the decensed from  1929 to the 3, 1937
	7 AGE [If LESS than	and that death occ	cured on the date stated above, at 2 9 m.
	22 yrs.// mor de or min.	The CAUSE OF DE	ATH * was as follows: JubelCulver
	B OCCUPATION (a) Trade, profession or	***************************************	
	particular kind of work  (b) General nature of industry		
	business, or establishment in which employed or (employer)		(Duration) yre In 38 da.
	9 BIRTHPLACE (State or country)	Contributory Secondary	
	FATHER LOW Welson	signed of the	M. D.
	O 11 BIRTHPLACE OF FATHER	197	27/ (Address) handepoine by
	OF FATHER (State or country)  12 MAIDEN NAME)	Violent Causes, Accidental, Suicide	Discase Causing Death, of in deaths from state (1) Means of Injury and (2) whether all or Homicidal.
	of MOTHER Elegabeth Greenfield	18 LENGTH OF F	RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country)		.mos. ds. State yrsmos ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease co	
	(Informant) Tobert nelson	Former or usual residence	production and the contract of
	(Address) Chelleuleau My	St. Pite	as Church Man. 1, 1931.
	Filed Feb. 28 198/ Julius K. Smith	20 UNDERTAKER Shouth	+ Ryone Walderf.
1	If more blanks are needed, address State Registrar,	, 16 W. Saratoga St.,	, Balto., Dequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Npiener, (b) Collon mill; (a) Salesman. (a) Forenen, (b) Automobile factory. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesdefinite salary), may be entered as Housewife, House-userk, or At Home, and children, not gainfully emtahorer Ferm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealtweed 6 business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Novant, Cook, to report specifically the occupations of persons enployed, us At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, whatever, write Nane. For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, For persons who have no occupation Locomotive The material (b) Grocery, engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebral fower the only definite synonym is "Epidemic cerebras in a meningitis"; Diphtheria avoid use of "Croup"; Typhoid fower (never report "Typhoid Pneumonia"; Lohar pneumonia, Branchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, perdonacum, etc., Carcinoma, Sarcoma, etc., of . . . . . . (name origin; "Cancer" is less definite; avoid 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need use of "Tumor" diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underapproved by Committee on Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway troin American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, cough; for malignant neopiasms); Mensles; Chronic etc. valendar heart disease; Nomenclature The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

1		
PLAC	CE OF DEATH	
	A 11	
County	V. Seo	
County	A 11	

### STATE OF MARYLAND CERTIFICATE OF DEATH

County VI OSCO	CERTIFICATE OF DEATH
	Registration Dist. No. 243
Village or City Bowil, (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Mary hora	Ewell stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White Wildowed (Write the word)	16 DATE OF DEATH FLE 10 , 1921 (Year)
DATE OF BIRTH  May 6, 1861  (Nonth) (Day) (Year)	that I last saw her alive on Fleb. 10, 192/.
70 yrs. 9 mos. 4 ds. or min.?	and that death occurad on the date stated above, at
(b) General nature of industry	Chronic Suterstitial hophritis
business, or establishment in which employed or (employer)	(Duration). /yrs m28 ds.
(State or country) Canada	Contributory Secondary  Duration yrs mes de
10 NAME OF Patrick M= Mahow	(Signed) J. 6 Lancus M. D.  Tel. // 1921 (Address) Brice, My
OF FATHER (State or country) Suland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER HOLD Klarns	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Sulland	At place of death yra mos. ds. State yrs ds.
(Informations and a fund m. Lancaster	Where was disease contracted, if not at place of death?  Former or assume testing the second
(Address) Boroil, Ind	as Cension Church one, 746 12, 1931.
Filed Fleb. 11 1931 J. E. han carterly	In Flacheng PSons Power had

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balty., Requesting V. S. Ac. 1.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, etc., nner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. without more precise specification as For persons who have no occupation Stationary fireman, etc. Locomolive engineer, But in many Wom-Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros phale fever (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"), Lobor pneumonia Bronchopneumonia ("Pneumonia"),

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL seplicaemia," "PUERPERAL perilonitis," ele. "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory" as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping American Medical Association.) approved (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train ..... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, by cough; or intercurrent) affection need not be Committee on Chronic etc. valvular heart Nomenclature The contributory disease

answered in defail, it will prevent further correspondence. A ithe days is essential and must be obtained before the certificate is permanently filed.

		1PLACE OF DEATH	
		County Truce Leon 25	82-a
·	Vil	lage or City alder (No.	
IIIcar		2 FULL NAME Sey Cuester I quate	ius (
000		PERSONAL AND STATISTICAL PARTICULARS	1
Jack of	3 5	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE
3	6 0	DATE OF BIRTH	17
00		Tel NB 1837	on
011	-	(Month) (Day) (Year)	and that
nu.	7 4	If LESS than I day hrs.	The CAU
2	N	27 yrs. / mos. 2 3 ds. or min.?	10
0	M	a) Trade, profession or	
	P	articular kind of work	
Idn	b	usiness, or establishment in which employed or (employer)	
log III	-	BIRTHPLACE (State or country)	Contri
		10 NAME OF	
2		FATHER Harry Jouls	(Signed)
	TS	OF FATHER	*St
2	ENT	(State or country)	Violent Acciden
	PAR	OF MOTHER MILE, Dolaney	18 LENGT
		13 BIRTHPLACE	At place
3		OF MOTHER (State or country)	of death Where was
1	10	THE ABOVE IS TROS TO THE SEST OF MY KNOWLEDGE	if not at
		(Informant Isla would	Former or usual reside
		-del 00.6)	19 PLACE
3	Magner	(Address) Waldy Ad	Mes
	15	Filed Feb 18 1923 Rena of with	20 UNDE
		Registra	+101

02057 STATE OF MARYLAND CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-Ward)

us tous	stead of street and number.)
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DESTH	(Year)
on help last atte	nded the deceased from 192.
The CAUSE OF DEATH * was as allows:	above, m
(Duration)	- 12 / 12 / 12 / 12 / 12 / 12 / 12 / 12
Contributory alay an Secondary Signed Well Rev	yra mor/2/16
166.17 1931 (Address Ivan	elysiones, Eug
*State the Discase Causing Death, Violent Causes, state (1) Means of Ind Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) whether
18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	ils, Institutions, Trans-
At place of death yis	yts
Where was disease contracted, if not at place of death?	
Former or usual residence	
Place of BURIAL OR REMOVAL	Heb, 19. 1931

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(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, cupation is very important, so that the relative health should be used only when needed. As examples: (a) nature of the business or industry, and therefore an fulness of various pursuits can be known. taborer. worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Deal-Spinner, Physician, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Conk, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, " etc., without more precise specification as Day Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Furni laborer, Laborer—Coal mine, etc. Wom-home, who are engaged in the duties of the yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman, Compositor, Architect, (h) Automobile foctory. The material Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebras pinal fever the only definite synonym is "Epidemic cerebros inal meningitis"; Diphilheria (avoid use of "Croup"); Typhoid fever inver report "Typhoid Pneumonia"); Labor pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasins); Measles; tetunus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uruemia, "" "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Annemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably sucide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underapproved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepais, Examples: Accidental drowning; Struck by railway train American Medical Association.) ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. valendar heart disease; Nomenclature The contributory Sarcona, etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	PLACE OF DEATH	02068 STATE OF MARYLAND
	County Marie Countle la	CERTIFICATE OF DEATH
		4
		Registration Dist. No.
	Village or City a Coma Varia (No. 3/D)	St.: Ward) (If death occurred in a hospited or institu-
	P 0:471 -0'	steed of street and
	2FULL NAME / Lover Stuntes	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	TO DATE OF DEATH 1 0 2 21
	Male III to WIDOWED. Dungle OR DIVORCED	1925
	6 DATE OF BIRTH	(Month) (Day) (Year)
	S. L. 17 , 920	Tel- 19 1923/ 10 Tel- 23 19231
	(Month) (Day) (Year)	that I last saw h alive on Tief 2 3 1923/
	7 AGE [If LESS than	and that death occurred on the date stated above, at 11:50 P.m.
	I day hrs.	The CAUSE OF DEATH * was as follows:
	yrsds. ormin.?	acute smelutes
1	a) Trade, profession or	***************************************
1	particular kind of work  (b) General nature of industry	
	business, or establishment in	(Durstion) yrs. mos Jds.
	which employed or (employer)	Contributory analmis Alcendan to
	9 BIRTHPLACE (State or country)	C Sgeondary O P
	10 NAME OF	(Durstion)yrs. (Q. mos,ds,
	FATHER TIMES POR DON SOLO	(Signed). M. D.
	M II BIRTHPLACE	(Address)
	OF FATHER (State or country) Pottand Maine 12 MAIDEN NAME	*State the Disease Causing Death, of in deal's from Violent Causes, state_(1) Means of Injury and (2) Whether
	12 MAIDEN NAME OF MOTHER O 0 1 1	Accidental, Suicidal or Homicidal.  16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	ients or Recent Residents)
	OF MOTHER	At place of deathyrsmosds, In the Stateyrsmosds,
	(State or Country), Harrivelle, Maria	Where was disease contracted,
1	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
1	(Informant) S. Jordan	usuel residence
9	CALLENS 31081 - a Des Talemas Part	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) D. A. Mary W. M.	Colland Marie Joh 26, 1931
	15 Filed 166.24 193/ 86.6. Logers	20 UNDERTAKER ADDRESS
	Registrar	W. Teubru. Tumphrey Tockerts had
	If more bianks are needed, address State Registrar	, 16 W. Seratoga St., Belto., Requesting N. S. No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Spinner, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia. Stationary fireman, etc. But in many (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia") pneumonia, Bronchopneumonia ("Pneumonia,

> "(Exhaustion," "Heart failure," 'Haemorrnage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al Chronic interstitial nephritis, Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic ," "Coma," "Convulsions, etc. The contributory valvular heart disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

e stated EXACTCY, PHYSI-properly classified. Exact of certificate. ECORD n terms so that it may be See instructions on back of pluods BINDING A PER ACE S FOR supplied WITH UNFADING INK---MARGIN RESERVED AUSE OF DEATH in plain TION is very important. S Every Item of Informary CIANS should state Or statement of OCCUPA

S. No. 1.

PLACE OF DEATH
County Prize Clarges

### STATE OF MARYLAND CERTIFICATE OF DEATH

Reg

Ward)

	D' . N	- A	0	
istration	Dist.	MO.		. 0 01

Village o	r	Citylean Settlery (No.	- 1

(If death occurred in a hospital or institu-tion, give its NAME in-

2 FULL NAME Blanche Dars	Lacking steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Themself what or race 5 since in Market Wildows on The World Williams	16 DATE OF DEATH February 24, 193/ (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	and that death occurred on the date stated above, at 3. Am.
16 LESS than 1 dayhrs. 9mos. 45. ormin.?	The CAUSE OF DEATH & was as follows: Pellows
ds. occupation  (a) Trade, profession or particular kind of work	
(b) General nature of industry	(Duration) yrs. mos. ds.
which employed or (employer)  BIRTHPLACE (State or country)	Contributory Record fudification
10 NAME OF PATHER Clebales W. Faris	(Signed) (Address) (Seruny) (Address)
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal,
of MOTHER Emerella ashford	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)  Uq.	At place of death yrsmosda. In the State,yrsmosda.
(Informant) Scalelly F Bystke	if not at place of death?
(Address) Hypathsville Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Febry 24 1921 Thus Incelto Registrar	20 UNDERTAKER ADDRESS Manaesa

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fullicss of various pursuits can be known. The queseupation is very important, so that the relative healthshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many pioyed, as At school or At home. Care should be taken work, or At Home, and children, not gainfuily emdefinite saiary), may be entered as Housewife, House household only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material state occupation at beginning of iliness. If retired from or given up on account of the disease causing DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons ener," etc., (a) Foreman, (b) Automobile factory. whatever, write None. tired 6 yrs.). For persons who have no occupation Fusiness, that fact may be indicated thus: Farmer (re Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-

East causing death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia").

tions answered in detail, it will prevent further correspond-

the data is essential and must be obtained before

the certificate is permanently filed.

ence.

conditions, such as "Asthenia," "Anaemia" (mereiy ary), 10 ds. Never report more symptoms or terminal stated uniess important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for maiignant neoplasms); mges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," vuisions," "Debiiity" ("Congenital," "Seniie," etc.), symptomatic), "Atrophy," "Collapse," "Coma," causing death), 29 ds.; Bronchopneumonia (second-(secondary or intercurrent) affection need not be ...... (name origin; "Cancer" is less definite; avoid as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under "Purperal septicaemia," "Purperal peritonitis," "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemor-Whooping cough; Chronic valvular heart disease; Nomenclature of the American Medicai Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, totanus) may be stated under the ture of the injury, as fracture of skuil, and conse-Poteoned by carbolic acid-probably sufcide. Examples: Accidental drowning; Struck by railway If this certificate is looked over thoroughly and all ques--accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY (Recommendations on state-Measles; The na-

Village or City 36/6 Bu	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 1  Registration Dist. No. 1  Registration Dist. No. 1  Registration Dist. No. 1  A hospital or institution, give its NAME instead of street and stead of street and
2FULL NAME John Harvey	Me Curdy steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS V	MEDICALVCERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	February 26, 198/ February (Month) 26 (Day) 193/(Year)
6 DATE OF BIRTH  aug /6, 1785/ (Month) (Day) (Year)	17 I HEREBY CERTIFY, that I attended the deceased from February 26, 1934, to February 26, 1934, that I last saw h 122 alive on February 26, 1934.
7 AGE     If LESS than	and that death occurred on the date stated above at 10:15 P.m.
l day hrs.	The CAUSE OF DEATH * was as follows:
76 yrs. 0 mos. Dds. or min.?	auto cardiac dilatation
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  OF MOTHER  13 BIRTHPLACE  OF MOTHER  13 BIRTHPLACE  OF MOTHER  13 BIRTHPLACE  OF MOTHER  14 MATHER  15 MATHER  16 MATHER  17 MATHER  18 MATHER  19 MATHER  19 MATHER  10 MAME  11 BIRTHPLACE  OF MOTHER  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	(Signed)  *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translens or Recent Residents)  At place In the
OF MOTHER (State or Country)  Stude	of death yrs mos ds. State yrs mos ds.
(Informant) MR I D Stoner	if not at place of dea.h?  Former or usual residence
(Address) mt Runier m Q	Dragentown me Date of Burial Feb 28/19.32
Filed The 1924 Iday hally Mass	F. Garches Lous Strattsinlle M.D.
If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servanty Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (re-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the Dissease Causing Death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telahus) may be stated under the head of "contributory." approved by Committee on American Medical Association.) "(Exhaustion," "Heart failure," Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of resulting from childbirth or miscarriage as Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ORATE LIMITS (181)

(Year)

S. No. 1

Exact

PLACE OF DEATH

STATE	OF	MARY	YLAND
CERTIFIC	CAT	E OF	DEATH

Registration Dist. No.

w	St.:	Ward)	(If deoth a hospitel tion, give stead of number.)	occurred in or institu- its NAME in- street and
MEDICAL (	CERTIF	ICATE O	F DEATH	
16 DATE OF DEATH	1 -	7		1927
+	(Mo	nth)	(Day)	(Year)
17 I HEREBY CEI	TIFY, T		nded the d	eceesed from
that I last saw hali		-	- 6	, 1923 /
and that death occurred	on the di	ate stated	,	,
The CAUSE OF DEATH *				
Chimu.	9		- his	
Couring			7	
**************************************	•••••••			
**************************************	(Durs	ion)	_yrs	mosds.
Contributory				*******************
(Signed) 73	ddress)	La	الم	M. D.
Accidental, Suicidal or Ho				
ients or Recent Resider		or mospic	,	cione, iranie
At place of death	ds.	In the State	yrs	mosds.
Where was disease contracted if not at place of death?	ł <b>.</b>			
Former or usual residence			******	
19 PLACE OF BURIAL OF	REMOV		2/9/	5/, 19
20 UNDERTAKER	1 .		ADDRESS	0.
X/049 160	une	eu	dan	reflud

Registrar

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation er," etc., Without more process. Coal mine, etc. Wom-laborer, Form loborer, Loborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screent, Cook. definite salary), may be entered as Houscwife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Former (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day Stationary firemon, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all (secondary approved by Committee on Nomenclature of the (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by roilway train taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .: (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sorcoma, etc., of or intercurrent) affection need not be ess important. Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. classif St :--- Ward) If death occurred in a hospital or instituof certificate. ton, give its NAME inhumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE, back o MARRIED. WIDOWED it may on bac should OR DIVORCED (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended the deceased from BINDIN 6 DATE OF BIRTH ... 192 to 192 a that instructions AC (Month) (Day) (Year) 0 7 AGE If LESS than (0) FOR The CAUSE OF DEATH & was as follows: terms I day.....hrs. ....ds. or .... min. ? ERVED (a) Trade, profession or particular kind of work ...... pia (b) General nature of industry business, or establishment in ī ....(Duration) ......yrs......mos......de, RES which employed or (employer).... Contributory 9 BIRTHPLACE Secondary (State or country) 4 very MARGIN 111 10 NAME OF 00 FATHER 0 (Address).....D. RENTS 四四 11 BIRTHPLACE \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal, CO OF FATHER state OAUS (State or country) 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-( D. ients, or Recent Residents) 13 BIRTHPLACE At place of death.... yrs.....mos.....da. In the OF MOTHER 0 State, .... yrs. ... mos. ... do 7 (State or country) Jo Where was disease contracted, if not at place of death?.. Former or 60 usual residence.... statem ARE MURIAL OR MEMOVAL BATE OF BURIAL 0 if more blanks are needed, address State Registrar. 18 W. Arratoga St., Baito., Requesting V. S.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the property of the state occupation at beginning of timess. If remove from business, that fact may be indicated that Therefore (197) gaged in domestic service for wages, as Neverth. Cook work, or At Home, and children, or childly emdefinite salary), may be entered a Hand wife, Houseen at home, who are engaged in the laborer, Farm laborer, Laborer-Ceal mine, etc. Womer," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter :tatement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments it is necesthe first line will be sufficient, e. g., Fronner or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write None. thred 6 yrs.). For persons who have no Housemaid, etc. If the occupation has be to report specifically the occupations of verson cnployed, as At school or At home. Care should be taken household only (not paid Housekeen is a no receive a Never return "Laborer," "Foreman." "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. should be used only when needed. Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation Precise statement of oc For many occupations a single word or term on As chample: (a) duties of the The material decupation The ques-(1.0000.A) Had thirt

Typhoid fever (never report "Typhoid pheamenie"): spinal meningitis"); Diphtheria (avoidenced Group") fever (the only definite synonym in "Epidem ed term for the same disease. Examples: Co. to time and cansation), using always the sa EASE CAUSING DEATH (the primary affection Lobar pneumonia, Bronchopneumonis ("Pueumonia," Statement of Cause of Death Name, first pu d'ant Total of t the pis-

> can be ascertained as the cauec. Always quality all rhage." "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Con conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated nules important. inges, peritonarum, etc., Carcinoma, Sarcoma, etc., of quences (e. g., sepsis, tetunus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The na-Examples: as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under "Puerpenal septicaemia." "Puerpunal peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weaknes:" etc., when a definite disease vulsions." (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; use of "Tumor" for malignant neoplasms); Measles; ..... (maine origin; "Caucer" inqualified, is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association.) of "contributory." (Recommendations on stateof cause of death approved by Committee on -icident; Revolver would of head-homicide; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.); Accidental drowning; Struck by railway Example: Meastes is less definite; avoid terminal (disease (merely (second-

tions answered in detail, it will prevent further correspondence. All the data is secutial and must be obtained before the certificate is permanently filed If this certificate is locked over thoroughly and all ques-

BUREAU

V. 8.

N. B.--Every Item of intermation should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. COR LY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BIND WRITE PL V. S. No. 1

PLACE OF DEATH Serges	02073 STATE OF MARYLAND
County Crime Zengo	CERTIFICATE OF DEATH
3 (~)	Registration Dist. No.
Village or City/ Welloword (No. 107-	Balla Block St.: Ward) (If death occurred in
2FULL NAME Grangant Im	a nospirit or institu
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
Finale While (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw he alive on yel 2 , 1929,
7 AGE [If LESS the	
77 yrs. mos. 2e ds. or min	
B OCCUPATION (a) Trade, profession or Sparticular kind of work	Condu Noral Vascula during.
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yra mos ds.
9 BIRTHPLACE (State or country) Weslebule Pa	Contributory Secondary
10 NAME OF Pennis Rush	(Signed) Hay hally M. D.
S 11 BIRTHPLACE OF FATHER	1929 (Address) h Marmy hy
CState or country)  12 MAIDEN NAME  7	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Clina More	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Aeland	At place of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) km. John In Idelii	Former or usual residence
(Address 107- Balle Blod. Burlanthy	Fut huely but 2/3
15 Filed Ful 3 1924 / Key hally W.D. Registrar	20 UN DERTAKER DODRESS Walytral
If more bianks are needed, address State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Comments and Tablic Health Academian.

additional line provided a distance it should be used only when the Archive it a Spinner, b Colling in the coll cupation is well a common that it all the feather fulness of the its matchine and the common particle of the first line it by many occupations and the first line it by many occupations. Civil engines, julianess transports, but in many cases, e-pecials in formal distributions, it is necessary to know a property and many and gagod it Hausena Statement of Decuration Proposition of oc States are cause of their annuality to bu or given aparases and second s er," etc. Physician, Carrier Civil engineer, it die to report specifically the Manualicia of periods of without anone precise specimenous and Poz

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as if the state of 10 ds. Nev r r put her symptons or terminal conditions, such a 'Asthoni,' Amasmin' (merely symptomatic, 'Afr phy.' "Call is "'Coma," "Convulsions," "Debility' ("Constant), "Santl," etc., "'Dropsy," "'Ethaurtion," "'Heat failure," "Haemorrhage," "'Inantion," "Neramus," "Old Age," "Shock," "Urem's" "We bress," etc., "hen a definite disease." "PUTERPERAL "former" "PUTER FIRE FOR Was underst.ted unles important Earned: Marles (disease and qualify as a common to the common definitely or as provide successful to the common definitely taloh. Foj ti da kana kana di ipans ofinjuay can be exertained to the cause. Always qualify all disease reading from childbirth or miscarriage as causing death, 29 and Brothe unqualifed, is indefinite; Tell relief of lungs, menis been a second of the second Tal qu stions w All the "cumbaia (secondary),

Exact

classified. certificate. properly back On instructions that FOR supplied MARGIN RESERVED pla Should be DEAT Every Item of inform CIANS should state statement of OCCUP

PLACE OF DEATH	
n V	
County Porces.	
n' - /n	
illage or City (No.7/2 )	Z
2 FULL NAME MYS More Fields My	,
-POLL NAMED TO THE PARTY OF THE	2
PERSONAL AND STATISTICAL PARTICULARS	1
SEX A COLOR OR RACE 5 SINGLE, MARRIED, A	1
OR DIVORCED (Write the word)	-
DATE OF BIRTH	1
7 Mai	
Nov 18 18#7	1
(Month) (Day) (Year)	t
AGE III LESS than	a
I day han	7
64 yrs. 3 mos. 7 ds or min.?	1
OCCUPATION	1
(a) Trade, profession or	
particular kind of work how	
(b) General nature of industry	
which employed or (employer) Towns	
(State or country) Media, Ca.	
1 10 NAME OF	1
X FATHER THE M	(
11 BIRTHPLACE	
OF FATHER	-
(State or country)	
12 MAIDEN NAME	-
OF MOTHER Susan Trovill	1
13 BIRTHPLACE	
OF MOTHER &	A
(State or country)	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ii
7 31 /1 /1	F
(Informant) Mrs Elward Campbell	u
Danghter h.	11
(Address) word w	

Registra

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) MEDICAL CERTIFICATE OF DEATH 6 DATE OF DEATH I HEREBY CERTIFY, That Lattended the decess and that death occured on the date stated CAUSE OF DEATH Contributory V\*State the Disease Causing Death, or, in Violent Causes, state (1) Meaas of Injury and Accidental, Suicidal or Homicidal. deaths from 8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) place State .... yra......moe..... Where was disease contracted, not at place of death? aual residence 20 UI If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ac. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescapation is very important, so that the relative health Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and ehildren, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Civil engineer. Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many oecupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) without more precise specification as For persons who have no occupation-Stationary fireman, etc. (b) Automobile Salesman. factory. The material Locomotive engineer, But in many (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); Lobar yneumonia. Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease tetanus) may be stated under the head of "eontributory carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL scplicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Meakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mercly symptom causing death), 29 ds.; Bronchopneumonia (secondary) (secondary Whooping use of "Tumor" for malignant neoplasms); inges, peritonaeum, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) affection need Committee on etc., Carcinoma, Chronic volvular heart disease etc. The contributory Nomenclature of the Sarcoma,, etc., of Mousles not

answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the cartificate in permanently filed.

V. S. No. 1

PLACE OF DEATH	02075 CTATE OF MARY AND
	STATE OF MARYLAND
County June Genge	CERTIFICATE OF DEATH
11 7 00 01	Registration Dist. No. 245
Village or City / Hyallsville (No. Jac	Ward)   Ward) (If d-eth occurred in a hospital or institution, give its NAME i
2 FULL NAME Mrs Mary Won	stead of street end
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED	B DATE OF DEATH Feb. 19 , 1931
Hundle   Write the word)	(Month) 19 (Day) 1931 (Year)
Sept. unknown P41	17 HEREBY CERTIFY, That I attended the decessed from  Jan 12 192 f. to Feb. 19 , 192 3
Month) (Day) (Year)	that Mast saw h en alive on the 18 , 1931
7 AGE [If LESS than	and that death occurred on the date stated above, at 2 am
9 yrs. 5 mos. ? ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	
particular kind of work	
(b) General nature of industry business, or establishment in	(Durstion) yrs, mos 4 de
which employed or (employer)	Mul-It Carling Con
9 BIRTHPLACE (State or country)	Secondary Christian Carteriles deformans renal descape of (Duration) 6 yrs inos de
FATHER Thomas Campbell	(Signed) Minus Chjathugly M. D.
I BIRTHPLACE OF FATHER	46 19 1931 (Address) 2260 10 9 116.
(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Many Gooding	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place yrs
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Sister Suferior	usual residence.
(Address) Placed Hart Strue	Washington LC Jib. 21, 194
15 Filed Fel. 19" 1931 Mrs. Jas Devere	20 UNDERTAKER ADDRESS
If more hanks are needed address the Paristers	, 16 W. Seratega St., Balto., Requesting V. S. No. 1.
a more wante are mediate, address a face Registrar	, at the boundary and the state to be true to

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day For persons who have no occupation ... (b) Automobile factory. The material Laborer-Coal mine, etc. not gainfully em-6 Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "PUERPERAL septicacnia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. ". Tranition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of Whooping FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory affection need not be valvular heart disease; Always qualify all Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3 SEX

7 AGE

6 DATE OF BIRTH

B OCCUPATION

9 BIRTHPLACE

PARENT

15 Filed

(a) Trade, profession or particular kind of work

> (State or country) 10 NAME OF

11 BIRTHPLACE

OF FATHER

(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

(Address)

(b) General nature of industry

business, or establishment in which employed or (employer)

2FULL NAME

AND STATISTICAL PARTICUL

(Month)

yrs. mos.

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WILLOWED,
OR DIVORCED
(Write the word)

(Day)

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

(%)	CENTIFICAT	E OF DEATH
	Registration	Dist. No. 256
	St.: War	d) (If death occurred in a hospital or institu-
Th	Morton	tion, give its NAME in- stend of street and number.)
MEDIC	AL CERTIFICATE	OF DEATH
16 DATE OF DEATH	Hel.	15 , 193/
HEREBY	(Month)	ttended the deceased from
that I last saw her	wead 7	
	red on the date state	d above, atm,
The CAUSE OF DEA	TH * was as follows:	
in.? Stell	Birt	4
(h	ulmon	m)
***************************************	(Duration)	yrs de,
Contributory		
el 3	Duration)	yrs mosds.
(Signed)	hame a	rice wil
*State the D Violent Causs, st Accidental, Suicidal	discase Causing Deat	n, or, in deaths from injury and (2) whether
18 LENGTH OF RE		oitals, Institutions, Trans-
At place	In th	ac ate,yrsds,
Where was disease cont if not at place of deat	racted,	
Former or usual residence		
19 PLACE OF BURIA	L OR REMOVAL	DATE OF BURIAL
1. aktomel	mx rame	· /W .

should be stated EXACTLY, it may be properly classified s on back of certificate. terms so that it may be ee instructions on back in plain terms so ld be carefully DEATH in plair very important. houl OF I WITH 8 O W Every Item, of Information CIANS should state CAUSI statement of OCCUPATION

WRITE

20 Z

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomothe engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," 'Manager," 'Deal-Civil engineer. whatever, write None. Foreman, etc., For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, without more precise specification as Stationary freman, etc. But in many For persons (b) Automobile factory. The material Laborer-Coal mine, etc. Womwho have no occupation 6 persons en-Grocery; Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobor pneumonia. Bronchopngumonia ("Pneumonia";

telanus) may be stated under the head of "contributory. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcomu,, etc., of approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, (secondary Whooping (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train American Medical Association.) .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," interstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJURY cough; or intercurrent) Chronic valeular heart disease; Example: Measles (disease etc. affection need not be The contributory Meusles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—CERTIFICAT	E OF	DEATHUZUTA
------------------------------	------	------------

1. PLACE OF DEATH	(F-a)
County Brince Georges	Registration Dist. No. 2 45
Village or City Riverdale md.	NDSt.,Ward
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long In U. S. if of foreign birth?yrsmos,ds.
. 1	)nn
2. FULL NAME ( roing Gugenl "	(oyer)
(a) Residence: No. Magruder Arc (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	Feb 5 ,1931'
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Confer Moyer	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Nov 26/ 1884	I last saw h alive on 26, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, One feet or - SAWYER, BODKKEEPER, etc.	
SAWYER, BODKKEEPER, etc. Inspector -	Fronto presmense Jan 18
9. Industry or business in which work was done, as SILK MILL, Samilary Comm. SAW MILL, BANK, etc.	
kind of work dooe, es SPINNER. nefuetor  SAWYER BODKKEFPER, etc.  9. Industry or business in which work was done, es SILK MILL, Sanitary Comm. SAW MILL, BANK, etc.  1D. Date deceased last worked at this occupation (month and 14, 193) year)  Spant in this occupation for the same occupation occupation occupation.	
Va	Dther Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	Fright
1 70	- urung
H J	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of Management Date of D
	What test confirmed diagnosis? Was there an autopsy?
II ———————————————————————————————————	23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)   16. Graph   16. Graph   16. Graph   16. Graph   16. BIRTHPLACE (city or town)   16. BIRTHPLA	Where did Injury occur?
nn. Much It B	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (12 (16905)	
18. BURIAL, CREMATION, OR REMOVALMETERY	Manner of injury
Place Luray Val Date 1 61 ,1931	Nature of injury
19 UNDERTAKER & Gasche Sons	24. Was disease or injury in any way related to occupation of deceased? . 120
(Address) Styatteville ma	If so, specify
20 FILED Feb. S" 1931 Mrs. Jao, Derere	(Signed) Minance france M. D.
20. FILED 200, 1953, 195	(Address) fyelsolly Mc
If more blanks are needed address to the Registrar	TATE N. Charles Street Relimore Venuetting 91 S. No. v.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, nuining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

... Ward) If death occurred in a hospital or instituion, give its NAME instead of street and

MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY, That I attended the deceased from

that I last saw h....., alive on......, 192....;

Contributory Secondary

(Address).....

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death .... yrs. .... mos. .... da, Inthe State, ..... yrs. ..... mos. .... da. Where was disease contracted,

if not at place of death?.....

Former or usual residence....

of more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

OF MY/KNOWLEDGE

MARGIN

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ST CIE

9 BIRTHPLACE

ARENTS

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

12 MAIDEN NAME

13 BIRTHPLACE

OF MOTHER

(State or country

(State or country)

(Approved by U. S. Census and American Public Mealth Association.)

additional line is provided for the latter statement: it definite salary), may be entered a Horswille, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces cupation is very important, so that the relative health business, that fact may be indicated thus: Farmer (16state occupation at beginning of illus s. or given up on account of the DISTLAND COUNTRY DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wage. to report specifically the occupations of persons ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers vito receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. whatever, write None. (a) Foreman, (b) Automobile factory. Statement of Occupation-Frecise statement of oc engineer, Stationary foremen, etc. But in many 6 yrs.). For many occupations a single word or term on without more precise specification as Day For persous who have no occupation as & runt, Cook, If retired from Tim material The ques-House-

whatever, write None.

Statement of Cause of Death—Name first the pisses causing beart (the primary affection with respect to time and causation), using always the same accept of term for the same disease. Example: "Epidemic accept of the only definite synonym is "Epidemic cerebro spinal meningitis"); Diphthera (avaid and of "Group"); Typhoid fever (never report "Typhoid pueumonia,"): Lobar pacumonia, Bronchopneumonia ("Pueumonia,")

the certificate is permanently filed.

this certificate is in well prevent further correspondtions answered in detail, it will prevent further correspondence . In the data is essential and must be obtained before

vulsions," ary), 10 ds. Never report mere symptoms or terminal head of "contributory." quin es (e. g., sepsis, tetanus) may be stated under the and qualify as accidental, suicidal, or Homicidal, or diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Dropsy." "Exhausticn," "Heart failure." "Hacmor-rhage." "hunition." "Marasmus," "Old Age." "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," causing use of "Tumer" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Note uplature of the American Medical Association.) ture of the injury, as fracture of skull, and conse Poisoned by carbalic acid—probably suicide. as probably such, if impossible to determine definitely State cause "Puerpenal septicuemia." "Puerperal peritonitis," "Uraemia," "Weakness," etc., when a definite discase stated unless important. (secondary or intercurrent) affection need not be train-accident; Revolver wound of head-homicide; Chronic interstitial nephritis, etc. The contributory Whooping of cause of death approved by Committee on FOR VIOLENT BEATHS STATE MEANS OF INJURY death), 29 ds.; Bronchopneumonia cough; "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway for which surgical operation was under-Chronic valvular heart disease; (Recommendations on state-Example: Measles "Anacmia" "Coma," "Con-The na-(merely (second-(disease

V. S. No. 1

	02079
PLACE OF DEATH	STATE OF MARYLAND
County runce Clarges	CERTIFICATE OF DEATH
nd', B.	Registration Dist. No. 239
Village or City The Laurel Hantarium	Xaurel Marks Ward) a heapital or institu-
2FULL NAME alice Reany	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Marrison, Wildowson, OB DIVORCED (Write the word)	16 DATE OF DEATH Febru 8th , 192/ (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	17 A HEREBY CERTIFY, That I attended the deceased from  1921. to February 1921, that I last saw h W alive on John 7 1921,
7 AGE    If LESS than   I day hrs.	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer) invalid	Cerebral Vermorrhagel  (Durstion) mos 6 de.
9 BIRTHPLACE (State or country)	Contributory Secondary  Appareton 4. yis mos ds.
10 NAME OF James Rearry 11 BIRTHPLACE	(Sided) (Address) Laurel Md.
OF FATHER (State or country)  Md	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sabella Mc Whorler	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  New York	At place of death
(Informant) J. Reaney Wolfe Mephew)	Where was disease contracted, Balts Md if not at place of death?  Former or usual residence
(Address) Balts Ms	Balts nd Feb. 10, 1931
15 Filed Let 8 198/ Millie M. Brashiare Registrar	Slewart Mowen Balle ma
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Hausewife, House-Spinner, (b) Coltan mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer ar Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nane. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Caok, wark, or At Hame, and children, not gainfully em-ployed, as At schaal, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomative engineer, to report specifically the occupations of persons en-For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-prabably swicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchapneumania (secondary), stated unless important. Whooping caugh; Chranic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not Chranic valvular heart disease Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MAR
County Prince geo	CERTIFICATE OF
	Registration Dist. N
illage or City lepper Mailton (No.	St: Ward) (If
	tion tion
2 FULL NAME Estella Elizatita	Midycly num
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
S SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Hi White MARRIED. Manne OR DIVORCED (Write the word)	(Month) (Ba)
6 DATE OF BIRTH	17 A HEREBY CERTIFY, That I setended
July 12 18	66 the 1931 100 High
(Month) (Day) (Ye	ar) that I last saw her alive on
7 AGE	
64 yrs. 7 mos. 2 ds. or n	
OCCUPATION , /	Lobas Prancis
(a) Trade, profession or at home	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrs
9 BIRTHPLACE (State or country)	Contributory Secondary
1 Em,	(Duration) June
10 NAME OF John Al Seltger	(Signed) Wass
O II BIRTHPLACE	Het 1991 (Address) uffer &
C (State or country)	*State the Piscase Causing Death, or, i Violent Causes, stato (1) Means of Injury n
TI 12 MAIDEN NAME,	Accidental, Suicidal or Homicidal.
of MOTHER Margaret Rider	18 LENGTH OF RESIDENCE (For Hospitals, In ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos ds. State
(State or Country)	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted.
(Informant) & When Midgely	
	Where was disease contracted, if not at place of dea.h?
(Address) Upper Maily &	Where was disease contracted, if not at place of dea.h?
1 1 1 1 1 1	Where was disease contracted, if not at place of dea.h?  Former or usual residence
(Address) upper mashyo k	Where was disease contracted, if not at place of dea.h?

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

1	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME ir- stend of street and number.)
MEDICAL CERTIFICATE OF DEATH		
	16 DATE OF DEATH Heb	126 100
-	(Month)	(Day) (Year)
1	17 J HEREBY CERTIFY, That I gate	
	Heby 192/10 H	W 14,1931.
	that I last saw her alive on Jeh	13 1934,
	and that death occurred on the date stated	above, at 7-45 Am.
	The CAUSE OF DEATH * was as follows:	
-	Lobar Pner	
	50 Fac ones	money.
		***************************************
	(Duration)	yrsmosds.
	Contributory	
	^	yrsds.
(Signed). (Address)		eser M.D.
		or machins
Former or usual residence		***************************************
/	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	apper marlboro and	018 16, 181
	20 ON DERTAKER	ADDRESS
	1/1/	VV . / /, \

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more present of the laborer, Farm laborer, Laborer—Cool mine, etc. Womlaborer, Farm laborer, Laborer—to the duties of the Spinner, should be used only when needed. As examples: (0) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthtired 6 yrs). definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Housenuid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, or At Hame, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (o) Salesman. (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stotionary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosi inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Labar pneumonia, Bronchopneumonia ("Pneumonia,")

tclanus) may be stated under the head of "contributory." "Inanition," "Marasmus, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, corbolic acid-probably swicide. The n ture of the injury, occident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritanitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis af lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinama, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) affection need not be Chronic " "Old Age," "Shock," etc. valvular heart discose; Nomenclature The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact WRITE-PL

V. S. No. 1

	PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH
certificate.	Village or City Willwood (No. 2FULL NAME John H. Rabu	Registration Dist. No. 233  St.: Ward)  St.: Ward)  A hospital or institution, give its NAME is stead of street and number.)
Sert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ns on back of	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIV (Write)  Date of Birth  Mol 0, 1840	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That attended the deceased from 121 to many 25 1921  that I last saw him, alive on many 25 1921
Structio	(Month) (Day) (Year)  AGE    If LESS than   day hrs. or min.?	Q. /I
rtant. See i	OCCUPATION (a) Trade, profession or farming particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Denne injury & Shoulder Impacted fracture, followed by slock:  accidental fall from Duration) you confident, do
s very importa	10 NAME OF FATHER WILLIAM	Contributory Secondary  (Directifi) yrs mos ds  (Signed) William H. J. J. J. M. D.  M. D.
NO	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  WILLIAM	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
0 14	(Informant) Leggerman Cabusan	Where was disease contracted, if not at place of death?  Former or usual residence
statement	(Address) Westword ma Filed File 28 1981 Ernest W. Darmer	DATE OF BURIAL OR REMOVAL DATE OF BURIAL  Thomas Church Marl 1, 1931  20 UNDERTAKER  ADDRESS
=	Registras  if more blanks are needed, addre.s State Registras	r, 16 W Saratoga St., Balto., Requesting V.S. No. 1.

02081

(Approved by U. S. Census and American Public Health Association.)

6 yrs). state occupation at beginning of il additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton should be used only when needed. As examples: (a) sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil cugineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of oc-Housemaid, etc. ployed, as At school, or At home. Care should be taken Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the If the occupation has been changed mill; (a) Salesman. ess. If retired from (b) The ques-Grocery,

Statement of Cause of Death—Name, first, the Disease of Using Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diohlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

can be ascertained as the cause. Always qualify all accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The n.ture of the injury, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train (secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

M. B.-WRITE PLAINTY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor MARGIN RESERVED FOR BINDING

	OF MARYLAND—	CERTIFICATE OF DEATH 02082	
1. PLACE OF DEATH		210) - 711	
County June Te	ngl	Registration Dist. No. 245	
Village or City Jugatta	Telle.	No. Sarred Start St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence In city or town where	death occurredyrs,mos	s. //ds. How long In U. S. if of foreign birth?mosds.	
2. FULL NAME MM W	land Schumata		
(a) Residence: No. 45	The St Mur The	ashington Ward. Do.	
(1) 1100.001.11	(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
a/M married, widowed, or divorced	[ findnico]	(Month) (Day) (Year)	
HUSBAND of Frauf	Ochwartz.	22. I HEREBY CERTIFY, That I attended deceased from 12 193/ to Feb. 15 193/	
. DATE OF BtRTH (month, day, and year)	March . 28, 1843	I last saw her alive on Feb 12 193/; death is said	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at _3 @ _ m.	
87 10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPtNNER,	16.	undetermined internal imprairs of	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which		- Kidneys and liver resulting from	
work was done, as SILK MILL, SAW MILL, BANK, etc.		autothobile accedent tet. U, 1931	
O. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation		
el.		Other Coutributory Causes of Importance:	
(State er country)	sawy.	- Vrammalie Shock	
13. NAME Cashar 13	rch		
14. BIRTHPLACE (city or town)	· · · · · · · · · · · · · · · · · · ·	Name of operation Date of	
(State or country)	emany.	What test confirmed diagnosis? Wes there an autopsy?	
15. MAIDEN NAME Marie	Dohneider	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)		Accident, sulcide, or homicide? _ accident _ Date of injury Feb / _ , 19 3/	
(Stete or country)	many.	Where did injury occur? Was being tim Dio: (Specify city or town, county and State)	
17. INFORMANT M. Mulip (Address)	J. Stchwartz	Specify whether injury occurred in INDISTRY, in HOME, or in PUBLIC PLACE.  2n Sublice Place	
8. BURIAL, CREMATION, OR REMOVAL	wh 96 74 15 3	Manner of injury Collisian between Two automobiles	
Place 1949 Billmore WW. W	Date 44.15 ,19.3/	Neture of Injury Undetermined internal injuries and shock	
19. UNDERTAKER P.A. TAL!  (Address) 436 - 7.	S.W.	24. Was disease or injury in any wey related to occupation of deceased? 200	
4-0-11" 21 m	na Jan Some	If so, specify (Signed) Mouna Consultingles M. D	
20. FILED. J. & Cal. &, 19. 3.	Cégistrar.	(Address) 200 R Daw / 26	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example L		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attock of epilepsy	1 week ago	
Chronic interstitial nephritis   BUREAU V.	1921	Run over by street car	1 weck ago	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		Ł.		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR EURTHER STATEMENTS BY DUVELOUAN	
This certificate was signed by Dr Thos. E. Mattende outer mus	
approval and inquipients the cause of detath.	
1 12 11 11	
Cella NU Joms	

Porfudioju da 16 Thist

WRITE PU

PLACE OF DEATH	STATE OF MARYLAND
County / luce Gee	CERTIFICATE OF DEATH
Ref. al	Registration Dist. No. 230
Village or City Collaville (No.	St.: Ward) (If death occurred in a hospital or Institution, give its NAME Instead of street and
2FULL NAME TOSEPSE OU DILL	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED On faux (Write the word)	16 DATE OF DEATH 2 3 , 1925 (Month) (Day) (Year)
6 DATE OF BIRTH apr 15th, 1930	17 I HEREBY CERTIFY, That I attended the deceased from 1 2 5 19231. to 2 3 1981.
(Month) (Day) (Year)	that I last saw hamalive on 2/3, 19231,
7 AGE   If LESS than	
yrs. 9 mos. 19 ds. or min.	
BOCCUPATION	The way a:
(a) Trade, profession or particular kind of work	h
(b) General nature of industry	Masasmuss
business, or establishment in which employed or (employer)	(Duration) yre. 5 mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
1114	(Duration) yrs mos de.
10 NAME OF SILLITA	(Signed) M. D.
II BIRTHPLACE	12/43 1929 ( (Address)
Z (State or country)	*State the l'israse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sallie Brown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
My Sallie Swith.	Former or usual residence
(Address) Biltsville Mil.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 900 Hope langlery 1 4/3/10
15 Filed Feb 35 1921 Johns Lmitte	20 INDERTAKER ADDRESS Laurel Md.
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. I.
to those brains are medical account and manages are	Comment of the commen

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Forman," "Manager," "Deal-Spinner, household only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Worn-(b) Cotton mill; (a) Salesman, without more precise specification as Day (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (sccondary), use of "Tumor" for malignant neoplasms); Measles; approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condistated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Chronic Example: Measles (disease etc. The contributory affection need valvular heart disease; Nomenclature of the not

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BIND

FOR

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MARGIN

02084

PLACE OF DEATH

### STATE OF MARYLAND CERT!FICATE OF DEATH

	Registration Dist. No. 238
Village or City Cleeton (No	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME MARY aques	Such tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Hele 2, 1891
6 DATE OF BIRTH  MULLEL J. J. (Year)  (Month) (Day) /(Year)	I HEREBY CERTIFY. That Attended the deceased from 1931 to feel 12 1931, that I last saw how alive on 1961, 2 1931,
7 AGE / [If LESS than	and that death occurred on the date stated above, atm.
I day hrs.	The CAUSE OF DEATH * was as follows:
yrs. 0 mos. d de. or min.?	Robar Juliusung &
(a) Trade, profession or particular kind of work	acule Generalities
(b) General nature of industry	13
business, or establishment in which employed or (employer)	(Duration) yrs. mys. de.
BIRTHPLACE (State or country)	Contributory Secondary 15
10 NAME OF FATHER SULETU	(Signed) (Address Discuss Listus Cold
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MARGINE BOOKY	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER OF MOTHER	At place In the State yrs mos, ds.
(State or Country)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Maggine Holly	usual residence
(Address) 6 Cleuter red	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 5/
15 1/2 2 //www.	20 UNDERTAKER ADDRESS
Filed 1922 / W Pagistres	Just 2 Property Total Contract

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; i whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The queslaborer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material Or For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman. 7 without more precise specification as Day For persons who have no occupation Home, and children, (a) the kind of work and also (b) the Laborer--Coal minc, etc. Wom-Locomotive engineer, not gainfully (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted tern for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. American Medical Association. as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, Whooping Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiýď cough; 'Congenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Committee on Nomenclature Chronic valvular heart disease, Example: Measles (disease affection need etc. The contributory not be

the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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	PLACE OF DEATH
-	County Mine Levine
:11	lage or City Where trailbons
	lage of City
	2FULL NAME
-	PERSONAL AND STATISTICAL PARTICULARS
S	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,
1	WIDOWED OR DIVORCED
/	(Write the word)
	DATE OF BIRTH
	Jus 27, 195)
	(Month) (Day) (Year)
^	Stell Boyn   If LESS than   I day
	yrs. mos. ds. or min.?
0	occupation a) Trade, profession or
P	articular kind of work
	b) General nature of industry usiness, or establishment in
	which employed or (employer)
B	SIRTHPLACE (State or country)
	manyland
	10 NAME OF Helliam Stewart
,	11 BIRTHPLACE OF FATHER
	(State or country) · Mary lare
	12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER
1	13 BIRTHPLACE
J	OF MOTHER (State or Country)
	THE ABOVE IS TRUE TO THE BEST OF AY KNOWLEDGE
	W.O.D
	(Informant) (1) harris ( less and

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-Ward) tion, give its NAME in-stead of street and number.)

### MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I attended the deceased from that I last saw h \_\_\_alive on \_\_\_\_ and that death occurred on the date stated above, at ... The CAUSE OF DEATH \* was as follows: (Durstion) Contributory Secondary in deaths frem and (2) Whether the I lsease Causing Death, or, In state (1) Means of Injury Violent Causes, Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

ients or Recent Residents)

At place of deathyrsmosds.	Stateyrsds
Where was disease contracted,	

if not at place of dea.h?....

Former or usual residence

PLACE	OF	BURIAL	OR	REMOVAL	
					0
like	en	nea	1	cons	N

If more banks are needed, addre.s Ltate Kegistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or. At home. Care should be taken Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer freor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coal mine, etc. Wom-3/18 (b) Colton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the If the occupation has been changed not gainfully em-6 Grocery;

Stritement of Cause of Death—Name, first, the nise EAR E (\*\*VUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical liver (the only definite synonym is "Epidemic cerebrospical spinal meningitis"); Diphtheria (avoid use of "Croup!); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all stated unless important. use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Examples: Accidental drowning; Struck by railway train American Medical Association. Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Example: Measles (disease etc. The contributory Nomenclature Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

7.

OCCUPATION

STATE OF MARYLAND	CERTIFICATE OF DEATH 02086
1. PLACE OF DEATH &	95-6
County mage deorges	Registration Dist. No. 233
Village or City Croom	NoSt.,Ward
Z	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
61 1 9	ion long in 0.3, ii of foreign birth:
2. FULL NAME Mycunda Vucke	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 4
OR DIVORCED (write the word)	Tubey / 5 , 193/
5a. If married, widowed, of divorced	(Month) (Day) (Year)
HUSBAND of COLUMN WIFE of	22. / I HEREBY CERTIEY. That I ettended deceased from
John L Vucter	July 193/ 10 July 19 192/
6. DATE OF BIRTH (month, day, and year) Dec 29-1845	I last saw har elive on True, 193 (; death is said
7. AGE Years Months Days If LESS than I day,	to have occurred on the date stated above, at 10300m.
de or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Welle Fastric Culersh
work was done, as SILK MILL, SAW MILL, BANK, etc.	Roll Her & die
11. Total time (years)	organi ( van auteuse
this occupation (month and spent in this year) occupation	ayed oug sunden
12. BIRTHPLACE (city or town) Md	Other Contributory Canses of importance:
(State or country)	
13. NAME John Ming	
13. NAME The Arrival 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? 22
15. MAIDEN NAME WILLIAM	23. If deeth was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Williams	Accident, suicide, or homicide? Date of Injury 19
(State or country)	Where did Injury occur?
17. INFORMANT aliver Juckey (Address) Transmin mod	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL and To	Manner of Injury
Place Forestoille Date Feb 18, 1931	Nature of injury
19. UNDERTAKER To Chapely Sover	24. Was disease or injury in any way related to occupation of deceased? 723
. (Address) Hyallinle and	If so, specify
20. FILED Field 7: 13/ Ernest W. Damer	(Signed) William It : Tobbonb M.D.
Registrar.	(Address) Crapic mod

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal eause name the disease or injury eausing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of emlepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

X		Exact
	1	Y,
1	PLA Y, WITH UNFADING INK-THIS IS A PERMANENT CORD	of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI- uld state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact
	_	tate
(1)	E	9 0
1	IA	id b
Z	ERN	mon
B	PE	Shit
O.R	A	ACE
F	SIS	So.
MARGIN RESERVED FOR BIND' S	HIS	Hie
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SEF	XX	ly s
2ES	(5	oful p
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10 Expandedoes not know	02083 11 TT - 18 Russ
PLACE OF DEATH letter by Umpl	lead for STATE OF MARYLAND
County Prince George.	CERTIFICATE OF DEATI
	Registration Dist. No. 2 4
1. I Ple y gred	(16 2
Village or City New (No.	St.: Ward)  St.: Ward)  A hospital or  tion, give its N/  stead of stre  number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED, WIDOWED. OR DIVORCED Wiclow (Write the word) Wiclow	16 DATE OF DEATH Feb 5th, 19
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decease
1 who was no	Dec. 29 1930.10 7 1.5
(Month) (Day) (Year)	that I last saw h a alive on Fib. U
7 AGE     If LESS than	and that death occurred on the date stated above, at
7.5   I dayhrs	
yrs. mos. ds. or min.	The state of the s
(a) Trade, profession or	"The"
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) yıs. mos
Which employed or (employer)	Contributory Coulomany olden a
9 BIRTHPLACE (State or country)	Secondary
1 10 NAME OF	(Durstion) yrs mos
10 NAME OF FATHER John Unstead	(Signed) deo. V Than 1
	7 12.5 1931 (Address) 60/ Min and
OF FATHER (State or country)  Luk	*State the Disease Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) Wh Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions,
0	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos. ds. State yrs mos.
(State or Country)	Where was disease contracted
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) mrs. C. I Roberson	usual residence
1 2 DO L W 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BUR
(Address) Sest Cleasure Ma	Washington DC 2-5
15 Filed Febro 6- 1928 / Grace alow Registrar	20 UNDERTAKER 816-H. SI
If more branks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croud"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Traemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Scnile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory approved by Committee on Nomenclature Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: A ccidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V

PHYSICIANS should state Exact strement of OCCUPA-Every item of infor-WITH UNFADING INK-THIS IS A PERMANENT RECOI stated EXACTLY. properly classified. of certificate. pe be AGE should CAUSE OF DEATH in plain terms, so that it may See instructions on back mation should be carefully supplied. TION is very important. WRITE PLAIN

FOR BINDIN

MARGIN RESERVED

S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 02088
1. PLACE OF DEATH	
County ruge Geo	Registration Dist. No. 239
Village or City Karrel	ND. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Payach Co. um ellion	2,
(a) Residence: Np. Saure M. 5.22 Mg (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, WIDOWED, OR DIVORCED (write the word)  1. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  1. SEX 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  2
HUSBAND of Edward Veryallian	22.   HEREBY CERTIFY, That 1-attended deceased from 2 / 2 2 , 193 ( , to 2 / 2 2 , 193 )
6. DATE OF BIRTH (month, day, and year) Unknown	I last saw hun alive on 2/22 1931; death is said
7. AGE Years Months Days If LESS than 1 day, hrs or min.	mere as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, housewife SAWYER, BDOKKEEPER, etc.	Cardio-mal Date of onset
9. Industry or business In which	ogener of 1/30
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  year)  11. Total time (years)  spant in this occupation  occupation	
12. BIRTHPLACE (city or town) ————————————————————————————————————	Other Coatributory Causes of importance: hornelary 2/22/3
13. NAME Jucil Bell	
13. NAME WER ISELL  14. BIRTHPLACE city or town)  (State or country)	Name of operation Dato of
	What test confirmed diagnosis?
15. MAIDEN NAME Itelatoron farah Elizabet  16. BIRTHPLACE (city or town) Pittie Seo. (State or counity)	23. It death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Jesse Varmellion	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Fiels 23, 19.31	Manner of injury
19. UNDERTAKER Sond Caiser (Address) Rawret Mig.	24. Was disease or injury in any way related to occupation of deceased? 15 so, specify
20. FILED Feb 23, 1931 Mc Brasheare Registrar.	(Signed) A Manne M. D.  (Address) Farmer M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year
W			

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. Statement of Occupation - Precise blatement of oc er," etc., wir laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every Spinner, (b) Cotton nill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremon, etc. But in many on at home, who are engaged in the duties of the worked on may form part of the second statement. Physician, business, that fact may be indicated thus; Farmer (restate occupation at beginning cfillness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return 'Laborer,""Foreman,""Manager,""Dealwhatever, write None. petion is very important, so that the relative health report specifically the occupations of persons ento know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, not gainfully em-25 St. school, or At home. Care should be taken yrs). without more precise specification as Compositor, For persons who have no occupation Laborer-Coul mine, ctc. Wom-Architect, person, irrespective of Locomolive engineer, The ques-Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menin itis"); Diphtheria (avoid use of "Croup"); Typhoid fero (never report "Typhoid Pneumonia"); Lobar pneumonia. Branchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy" "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease." 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for matignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, can be ascertained as the cause. as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory". or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDA ., taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-American Medical V-sociation.) (Recommendations on statement of cause of death carbolic acid - probably suicide. Examples: Accidental drowning; Struck by railway train ... (name origin; "Cancer" is less definite; avoid Revolves would of head -homielde, Poisoned by cough; Com: itue Chronic Example: Meosles (disease on etc. The n\_ture of the injury, robular heart disease; Nomenclature of the The contributory Always qualify all

If this certificate is 1 mked over the oughly and a 1 q fions answered in detail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.



(Year)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 294

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and St: Ward) number.)

1.	
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH OF T
	(Month) (Day) (Year)  // / I HEREBY CERTIFY, That at sinded the deceased from
7	Teb 3 1931 - 193/192
	that I last saw how alive on Poets . 7 192
	and that death occurred on the date stated above, of  The CAUSE OF DEATH was as follows:
	Lobak meremonia-
	(Duration) yrs. mos f
	Contributory Reflectings
	(Mened) Stuble General M.
	122 . 19231 (Address Iwanderowe ll
	*State the Disease Causing Death, or, the deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place In the of deathyrsmosds. Stateyrsnos
	Where was disease contracted, if not at place of death?
	Former or usual residence
	19 PLAGE OF BURIAL OR REMOVAL
	20 UNDERTAKER ADDRESS
	John V. Trous Drymis 100

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a yr8). Furm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the single word or term on duties of the (b) Grocery,

Statement of Cause of Death—Name, first, the DISTANSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy." "Collapse, Coma, Conventions, "Debility" ("Congenital," "Senile," etc., "Dropsy," "E:haustion," "Heart failure," "Ilaemorrhage," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stited unless important. (secondary or intercurrent) affection need not be secondary unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, étc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. approved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as Committee on Chronic etc. valvular heart Nomenclature The contributory disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No.

vâ

Z

	02091
PLACE OF DEATH	STATE OF MARYLAND
	CERTIFICATE OF DEATH
County Trince Blorger	
	Registration Dist. No. 243
Village or City Springfuld (No.	St.: Ward) (If death occurred in
vinage of City of Lector (No.	a hospital or institu-
Jean Ding Pa	lefe Ward street and number.
2FULL NAME VEORGINA NO	Ob Wood number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLORAGE RACE 5 SINGLE,	16 DATE OF DEATH
MARRIED. Married WIDOWED.	Jeley 16 1931
Temale While OR DIVORCED (Write the word)	(Month)— (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That Vartended the decessed from
march 15 ari	- 100 9 190 1 10 of fley (6, 190)
(Month) (Day) (Year)	that I last raw he palive on the 15 19231
	and that death occured on the date stated above, at 9 2 m.
7 AGE	
76 yrs. // mos. / ds. or min.	
(a) Trade, profession or	Wenter Hellan araphy
particular kind of work Tractical Murse	of the Liven
(b) General nature of industry	0
business, or establishment in which employed or (employer) which employed or (employer)	(Duration) yrs. mos. ds.
BIRTHPLACE	Contributory
(State or country)	Secondary
1 10 NAME OF Plaingrowie Scotlas	(Duration) yrs mogds,
FATHER 4	(Signed)
II BIRTHPLACE	Villey 16192 (Address) ( Daufie rus
Control of FATHER  (State or country)  Letter Scotland	
	*State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
Y 12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a me summer	ienta or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country) With Scotland	of death yrs mos ds. State yrs mos ds.
14 THE AROVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
has 21 & TV. +	Former or
(Informant) MW / . O - / MW Mes	19 PLACE OF BURIAL OF REMOVAL A DATE/OF BURIAL
Ponning 17 19	19 PLACE OF BURIAL OF REMOVAL
(Address) WWWWWWW	Jerfens Chafel Ma Jeb 18/ 1931
15 - Top 17 12 4 Sharinger trans	20 UNDERTAKER ADDRESS
Registrai	J. Mascles Nows Alyaller to mo
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more proced mine, etc. laborer. Farm leborer, Laborer—Coul mine, etc. state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the should be used only when needed. As examples : (a) sary to know (a) the kind of work and also (b) the or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Nervant, Cook worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Peal-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Civil engineer, Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile. first line will be sufficient, e.g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). without more precise specification as specifically the occupations of persons en-Compositor, Architect, For persons who have no occupation Stationary freman, et .. Salesman. Juctory. The materia Locomoline engineer But in many (b) Grocery, Wom-

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